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Department of Industrial Relations
Self Insurance Plans
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**INSTRUCTIONS:
PUBLIC NON-JPA and JOINT POWERS AUTHORITY (JPA)
SELF INSURER'S ANNUAL REPORT
Fiscal Year 2007/08**

Please note: By accessing the SIP website and downloading the form, you are not submitting any data electronically.

General Information

The annual report form is the form for Public Stand-alone and Joint Powers Authority (JPA) self insured employers, active or revoked, to report their self insured workers' compensation claims experience for the preceding year. The report for 2007/08 must be completed and filed with Self Insurance Plans (SIP) no later than **October 1, 2008**.

This year the annual report is in a fillable pdf document and is broken down into two separate forms. One is titled the "Public Employer Annual Report" and the other is "TPA Annual Report". You will need a version of Adobe Reader greater than 5.0 to view and print the form. You can download the reader for free at: <http://www.adobe.com> SIP sent out user ID's and passwords for you to be able to log onto our website and download the form(s) with a portion of it pre-populated.

SIP needs two completed reports. At least one report must be with the original wet signature of the self insurer on the first page of the employer's portion and an original signature of the claims administrator on each Liabilities by Reporting Location. Do **Not** enter separate liabilities by reporting location for each Joint Powers Authority (JPA) member. All JPA member claims handled at one adjusting location should be included on the locations report. However, please identify the employer for each open indemnity claim on the "List of Open Indemnity Claims". Also, submit two sets of the List of Open Indemnity Cases.

The reports must be filed with Self Insurance Plans no later than **October 1, 2008**.

Instructions: Page 1 of the Public Employers Portion of the Annual Report—to be completed by self insurer

I. General

1. This portion is pre-populated. Verify the certificate number. Check the box if your self insurance status is active or revoked.
2. Check the box for full year.

3. A portion of this section is pre-populated. Verify the name of master certificate holder. Verify the name and address of the master certificate holder that is self insured. Enter the federal tax identification number.
4. Check the appropriate box for the type of public agency.
5. Indicate any changes made to any of the self insured entities during the period July 1, 2007 through June 30, 2008, including re-incorporations, mergers, changes in identity (legal name changes) and/or additions to the program.
6. Employment and wages paid in fiscal year 2007/08. Report the total wages and salaries paid for California, as well as the total number of employees—not the average number and not full employee equivalents. To help calculate the number of employees, page 1 asks for the number of W-2 tax forms issued to any employee in California for the given year. **NOTE: If this section is not completed or left blank, the form will not print. If you do not have any employees or wages/salaries, you must enter a "0".**
7. Enter the company, name and address of the person who will receive all correspondence, invoices for fees and penalties, annual reports and notices of changes in regulations, as well as security deposit and financial matters.
8. Certification. Requires an original signature of the person authorized to sign on behalf of the JPA and its members or the self insured public entity. Reports without an original signature will be returned.

**Instructions: Page 2 of the Employers Portion of the Annual
Report—to be completed by self insurer**

Item 5. This is a continuation of item 5 from page 1.

Item 9. This list the legal name and the affiliate certificate number of each Joint Powers Authority (JPA) Member. This section is only for JPA's.

**Instructions: Page 3 of the Employers Portion of the Annual
Report—to be completed by self insurer**

Records Storage

Please check either yes or no if you have records stored at any other location. If yes, indicate whether the closed claims records are kept at any location other than with the present administrator.

Insurance Coverage

Please check either yes or no about additional insurance information. If yes, please fill in the pertinent information.

If any of the questions are not answered, the annual report will be returned.

1. Indicate if any of the workers' compensation liabilities are covered by a standard workers' compensation policy. List the insurance company name, policy number and issue date.

2. Indicate if any of the workers' compensation liabilities are covered by a specific excess workers' compensation insurance policy. List the insurance company name, policy number and issue date, and retention limit.
3. Indicate if any of the workers' compensation liabilities are covered by an aggregate workers' compensation insurance policy. List the insurance company name, policy number and issue date, and retention limit.

You will need to print the report from the **green** button on the first page. Once you print the form, a barcode will appear on the first page. Please attach the pages once your TPA has mailed them to you. Their portion will also have a barcode on the first page. Please assemble both portions and send to Self Insurance Plans.

PRINTING PROBLEMS

If after making sure that you have entered employee and payroll information, you are still unable to print, there are a number of possible solutions:

- Make sure you have clicked on the green print button to print the document. If you have used the pull down menu under "File" or "Command p" from the keyboard, the document will not print.
- If the entire page(s) will not print, make sure that page size is scaled to fit your paper. After clicking on the green print button, select the option to "fit to paper size" or "shrink oversize paper to paper size."

If a problem exists where data you have entered on the form disappears or appears upside down on the form, click on the red button to "re-set the form", download the form again from the SIP website, then re-enter the data.

If you are still unable to print the form, it may be that your computer utilizes the 7.x Adobe Acrobat version. Make sure you use an Adobe version that is 5.0 or greater

If you have any questions or need additional assistance, please feel free to contact Tina Freese at (916) 574-0737 or you can send an email to Tfreese@dir.ca.gov

Instructions: Page 1 of TPA's Portion of the Annual Report—to be completed by the TPA

II. Liabilities by Reporting Location

This page must be completed by your third party administrator, or, if self administered, by your in-house claims administrator. A separate Page 2 must be completed for each separate reporting location: that is, from each claims adjusting office handling claims for the self insured employer.

Reporting location number. This number is pre-populated once you have logged into the system and selected the correct reporting location. Verify the number that corresponds to the TPA and the location of the administrator preparing this page. The first number is either 4 for TPA or 6 for self administered—the next four are the self insurer certificate number—the next two are the TPA location number—the last three are the TPA's certificate number.

Name of Master Certificate Holder: This section is pre-populated. Verify the name of the self insured employer.

Type of report. The designation should be as an original report unless the report is for an interim period (for instance, when changing administrators mid-year or is being submitted to amend the original report to correct an error.

This whole section is the same as prior years. All the boxes highlighted in yellow are automatic calculations. Once you enter the "Incurred Liability Indemnity" figures and "Paid to Date Indemnity" figures then the total will appear in the "Future Liability Indemnity" box. If there is an error, the box will be highlighted in red.

The same applies for the "Incurred Liability Medical" except if there is an error, the box will be highlighted in blue. If there are no errors, the boxes will not be highlighted and you can continue to enter the remaining data.

If you need assistance and can not figure out the error, please click on the "Help" button. **The Form will not print if the errors are not corrected.**

A. Cases and benefits.

1. Report the cases open as of 6-30-2008 that were reported prior to FY 2003-04 for the self insured company.
- 2a-e. Report the FY 2003-04, 2004-05, 2005-06, 2006-07, and 2007-08 claim liabilities in the split format for each of the years. For each of these years report the liability figures for both *All cases reported* and *Cases open*.

The *Future Liability \$ Indemnity* and *\$ Medical* entry boxes for fiscal years 2003-04 through 2007-08 are centered (that is, the estimated future liabilities for all cases reported and for cases open), because the future liability for any given year should be the same as *All cases reported* for that year, and *Cases open* in that year. Note that that the cases and benefits table will add mathematically both horizontally by year and vertically for the future liability.

The *Incurred Liability* entries minus the *Paid to Date* entries equal the *Future Liability* entries.

Each *\$ Indemnity* entry for each year adds mathematically across the table and each *\$ Medical* entry for each year likewise adds up across the table.

Future Liability \$ Indemnity entries for fiscal years 2003-04, 2004-05, 2005-06, 2006-07 and 2007-08.

(2a-e) are the same amount in any given year's line, whether you are calculating *All cases reported* or *Cases open* for that particular year. Similarly, the *Future Liability \$ Medical* entry for each of those years should be the same number for any given year, whether you are calculating *All cases reported* or *Cases open* for that particular year.

**Instructions: Page 2 of TPA's Portion of the Annual
Report—to be completed by the TPA**

Page 2: Administrator/Certification

- A. List the name of the current administrator or TPA at the time the report is being completed.

Note: The administrator named may not be the same as the claims administrator actually responsible for completing the report. If there has been a change of administrator on or after July 1, 2007, the new administrator's name should be entered in item B with the date of the change and the agency name, address, etc. completed.

List the name of the person responsible for the claims, the administrative agency name and address, and the complete TPA certificate number that was issued by SIP.

- B. Indicate if there has been any change in claims administration since July 1, 2007.

The person named in item A or B must have passed the Administrator's Exam.

The certification on one of the reports submitted to SIP must have an **original** (real, wet) signature and be completed with the administrator's name, title, company and address. A copy of an original signature is not acceptable.

The certification must be signed by a person who works at the reporting office, has passed the Administrator's Exam and whose name is on file at SIP. Any name changes need to be reported to SIP prior to submitting the annual reports. A request for a name change must be accompanied by a copy of the documents such as a marriage license, divorce decree or petition for name change.

Reports with unqualified persons signing the liabilities section will be returned to the self insurer.

Note: All reporting location pages must be signed.

**Instructions: Page 3 of TPA's Portion of the Annual
Report—to be completed by the TPA**

Attach a list of all open indemnity claims and the aggregate totals for open medical only claims reported in each fiscal year. The list may be on the List of Open Indemnity Cases provided at the end of the annual report form, or on a computer run organized in the same format. If the list of cases is a computer run, it must include the: name of the self insured employer or affiliate or subsidiary employer, date of injury, description of injury, paid to date and estimated future liability. The listing must be by fiscal year reported and alphabetical within each year.

We remind you that Labor Code Section 3702.6(b) requires each public self insurer to advise its governing board within 90 days after submission of the Self Insurers Annual Report of the total liabilities reported and whether current funding of those liabilities is in compliance with the requirements of Government Accounting Standards Board Publication 10.

You will need to print the report from the **green** button on the first page. Please keep in the mind, if the **errors are not fixed the report will not print**. Once you print the form, a barcode will appear on the first page. Please sign and attach all the pages and return to your client. Your client will then consolidate the TPA's report to the employer's report and submit to Self Insurance Plans. The employer's portion will also have a barcode on the first page. One of the great features of this application program is that if you are not able to complete your portion, you can save the form and return to it later with the data still intact.

PRINTING PROBLEMS

If the form does not print, please check to make sure you have entered the total number of employees and salaries/wages. If you do not have any employees and salaries/wages, please enter "0".

Printing & Misc. Problems with the PDF Annual Report:

Question: You say your users are trying to print in letter size, and part of the form is staying out.

Answer: This is an acrobat option. It is fixed by changing the right option in the printer options window.

When you send the form to the printer, Acrobat shows a window to set the print options. There, Acrobat provides an option that says something like (wording changes from version to version):

Version 5 (Checkbox): "Shrink oversized pages to paper size" Version 7 (list field): "Page Scaling" has to be set to "Fit to printer margins" (probably is in "none" now)

By changing this, the problem is fixed and Acrobat scales the report so it fits in a letter size paper. If you do this, the report will print VERY small making text pretty hard to read. Test yourself and see. It also may affect to the scanning of the barcode (this will depend on the printer quality. Laser printed reports shouldn't have problems in this sense) If possible, get your users to print in legal sized paper.

Question: One of our clients is trying to download the form, they have adobe reader 7.0 when she opens the form it is pre-populated, then the data disappears shortly after. How come?

Answer: My first suggestion would be to:

open the form->reset the form->open it again... and see if the problem persists. If this doesn't fix the problem I'd like you to send me the login info (user and password, and also access URL) and we will try to replicate the problem. In the mail subject you say Reader 6, but in the mail body it is Reader 7. Which is the correct one?

Question: On the Employers Annual Report page 4 items B1, B2 and B3 when they print the forms the numbers are upside down.

Answer: this is a known problem of Acrobat. Depending on the Acrobat version used to print a form, and also depending on the printer drivers, some fields are printed upside down, or even in a "mirror" fashion. Two different machines, with the same Acrobat version but different printer drivers can show different results. It would be interesting to know which Acrobat type and version was used to print this report to see if we can replicate the problem. If we can replicate it, we may be able to fix it.

We think is the result of upgrading Acrobat to version 7.x. that is causing this. Usually, a number of "glitches" stay in the new versions when they are first released, until they're fixed in future upgrades.

If you have any questions or need additional assistance, please feel free to contact our office at (916) 574-0300 or Tina Freese at (916) 574-0737 or you can send an email to SIP@dir.ca.gov

